

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER N018010	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/21/2016
NAME OF FACILITY ALDERBROOK VILLAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 402 WINDSOR ROAD ARKANSAS CITY, KS 67005	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S3200	Correction	ID Prefix S3211	Correction	ID Prefix S3248	Correction
Reg. # 26-41-205 (d) (1-2)	Completed	Reg. # 26-41-205 (g) (3)	Completed	Reg. # 26-41-102 (d)	Completed
LSC	09/21/2016	LSC	09/21/2016	LSC	09/21/2016
ID Prefix S3280	Correction	ID Prefix S3296	Correction	ID Prefix	Correction
Reg. # 26-41-104 (d)	Completed	Reg. # 26-41-206 (c) (1)	Completed	Reg. #	Completed
LSC	09/21/2016	LSC	09/21/2016	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 7/19/2016

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

☐ YES ☐ NO